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B 22C (Official Form 22C) (Chapter 13) (04/13)

In re Teresa Y. Robinson	According to the calculations required by this statement:
Debtor(s)	■ The applicable commitment period is 3 years.
Case Number:	☐ The applicable commitment period is 5 years.
(If known)	☐ Disposable income is determined under § 1325(b)(3).
	■ Disposable income is not determined under § 1325(b)(3).
	(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. REPORT OF INCOME		
	Marital/filing status. Check the box that applies and complete the balance of this part of this stater	ment as directed.	
1	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.		
	b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income")	ne") for Lines 2-10).
	All figures must reflect average monthly income received from all sources, derived during the six	Column A	Column B
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before	Debtor's	Spouse's
	the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.	Income	Income
2	, , , , , , , , , , , , , , , , , , , ,	\$ 570.17	\$
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.		
	Debtor Spouse		
	a. Gross receipts \$ 0.00 \$		
	b. Ordinary and necessary business expenses \$ 0.00 \$		
		\$ 0.00	\$
4	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV. Debtor Spouse		
	a. Gross receipts \$ 0.00 \$	•	
	b. Ordinary and necessary operating expenses \$ 0.00 \$		
	c. Rent and other real property income Subtract Line b from Line a	\$ 0.00	\$
5	Interest, dividends, and royalties.	\$ 0.00	\$
6	Pension and retirement income.	\$ 0.00	\$
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.	\$ 0.00	\$
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:		
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$	\$ 383.00	\$

9	Income from all other sources. Specify on a separate page. Total and enter on L maintenance payments paid by your syseparate maintenance. Do not include payments received as a victim of a war c international or domestic terrorism.	ine 9. Do not inc oouse, but include any benefits recei	lude alimony or e all other paym ved under the So	r separate nents of alimon ocial Security A s a victim of	y or				
		\$ D	ebtor\$	Spouse					
	b.	\$	\$			\$	0.0	\$	
10	Subtotal. Add Lines 2 thru 9 in Column in Column B. Enter the total(s).	A, and, if Column	B is completed	, add Lines 2 tl	hrough 9	\$	953.1	7 \$	
11	Total. If Column B has been completed, the total. If Column B has not been com	add Line 10, Colupleted, enter the a	umn A to Line 1 mount from Lin	0, Column B, a e 10, Column A	and enter A.	\$			953.17
	Part II. CALCU	LATION OF §	§ 1325(b)(4)	COMMITM	MENT I	PERIO	D		
12	Enter the amount from Line 11							\$	953.17
13	Marital Adjustment. If you are married calculation of the commitment period unenter on Line 13 the amount of the income the household expenses of you or your dincome (such as payment of the spouse's debtor's dependents) and the amount of on a separate page. If the conditions for a. b.	der § 1325(b)(4) one listed in Line 1 ependents and spetax liability or the ncome devoted to	does not require 0, Column B that ecify, in the lines e spouse's suppo each purpose. stment do not ap \$ \$	inclusion of that was NOT pairs below, the basert of persons of the following the following the persons of the following the fol	e income d on a re sis for exc ther than st addition	of your gular bas cluding t the debto	spouse, sis for his or or the		
	c.		\$						
	Total and enter on Line 13							\$	0.00
14	Subtract Line 13 from Line 12 and en	ter the result.						\$	953.17
15	Annualized current monthly income for enter the result.	or § 1325(b)(4). N	Multiply the amo	ount from Line	14 by the	number		\$	11,438.04
16	Applicable median family income. Ent information is available by family size a	www.usdoj.gov/	ust/ or from the	oplicable state clerk of the ban	kruptcy o	ehold siz court.)		\$	52,687.00
	a. Enter debtor's state of residence:	<u>IN</u>						Ф	32,007.00
17	Application of § 1325(b)(4). Check the ■ The amount on Line 15 is less than top of page 1 of this statement and c □ The amount on Line 15 is not less t at the top of page 1 of this statement Part III. APPLICATIO	the amount on Lordinue with this shan the amount of and continue with	ine 16. Check the statement. on Line 16. Che in this statement.	ne box for "The	"The app	licable co	ommitmen		
1.0	T	OF 9 1323(b)(3) FOR DETER	WITHING DIS	OSAB	LE INC	OME	\$	953.17
18	Enter the amount from Line 11.		-1-1-41 14		n on T :	10 41	otal of	Ф	903.17
19	Marital Adjustment. If you are married any income listed in Line 10, Column B debtor or the debtor's dependents. Speci payment of the spouse's tax liability or t dependents) and the amount of income of separate page. If the conditions for entertainty of the conditions for entertainty and the separate page.	that was NOT pair fy in the lines below the spouse's support devoted to each pu	id on a regular bow the basis for or of persons oth urpose. If necessant do not apply,	asis for the hou excluding the O er than the deb ary, list additio	isehold ex Column B tor or the	xpenses income debtor's	of the (such as		
	a.		\$ \$		-				
	b. c.		\$]				
	Total and enter on Line 19.							\$	0.00

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21		alized current monthly inc he result.	ome for § 1325(b)(3). M	lultip	ly the amount from Line 2	0 by the number 12 and	\$	11,438.04
22	Appli	cable median family incom	e. Enter the amount fron	n Lin	e 16.		\$	52,687.00
	Applic	cation of § 1325(b)(3). Che	ck the applicable box and	d pro	ceed as directed.			
23		e amount on Line 21 is mo 25(b)(3)" at the top of page					nined u	nder §
	■ The	e amount on Line 21 is not 25(b)(3)" at the top of page	more than the amount 1 of this statement and c	on L	ine 22. Check the box for lete Part VII of this statem	"Disposable income is no ent. Do not complete Par	t deteri	nined under § V, or VI.
		Part IV. C	ALCULATION O	F	DEDUCTIONS FR	OM INCOME		
		Subpart A: Do	eductions under Stan	dar	ls of the Internal Reve	nue Service (IRS)		
24A	Enter i application	nal Standards: food, appar in Line 24A the "Total" amo able number of persons. (T uptcy court.) The applicable ir federal income tax return,	ount from IRS National S his information is availal number of persons is the	Stand ble at e nun	ards for Allowable Living www.usdoj.gov/ust/ or fro ber that would currently b	Expenses for the om the clerk of the oe allowed as exemptions	\$	
24B	Out-of Out-of www.i who ar older. be allo you su Line o	f-Pocket Health Care for per f-Pocket Health Care for per f-Pocket Health Care for per usdoj.gov/ust/ or from the care fre under 65 years of age, and (The applicable number of gowed as exemptions on your perport.) Multiply Line al by 11. Multiply Line a2 by Line and Lines c1 and c2 to obtain	sons under 65 years of a sons 65 years of age or of erk of the bankruptcy col- denter in Line b2 the ap- persons in each age cates federal income tax return Line b1 to obtain a total b2 to obtain a total amo	nge, a older ourt.) plical gory i rn, pl l amo ount f	nd in Line a2 the IRS Nati (This information is avail Enter in Line b1 the appli- ble number of persons who is the number in that catego us the number of any additionant for persons under 65, for persons 65 and older, and	onal Standards for able at cable number of persons of are 65 years of age or ory that would currently cional dependents whom and enter the result in the case of t		
	Perso	ons under 65 years of age		Pers	ons 65 years of age or old	ler		
	a1.	Allowance per person		a2.	Allowance per person			
	b1.	Number of persons		b2.	Number of persons			
	c1.	Subtotal		c2.	Subtotal		\$	
25A	Utiliti availa the nu	Standards: housing and u es Standards; non-mortgage ble at www.usdoj.gov/ust/ cmber that would currently buditional dependents whom	expenses for the applicate from the clerk of the be allowed as exemptions	able c ankru	ounty and family size. (The specificable)	his information is e family size consists of	\$	
25B	Housi availa the nu any ac debts	Standards: housing and ung and Utilities Standards; ble at www.usdoj.gov/ust/cmber that would currently biditional dependents whom secured by your home, as stater an amount less than zero.	nortgage/rent expense for from the clerk of the base allowed as exemptions you support); enter on Lated in Line 47; subtract ro.	or you ankru s on y ine b Line	ar county and family size (aptcy court) (the applicable four federal income tax ret the total of the Average M b from Line a and enter the	this information is a family size consists of urn, plus the number of lonthly Payments for any		
	a.	IRS Housing and Utilities Average Monthly Payment						
	b.	home, if any, as stated in L	ine 47	y you 	\$			
	c.	Net mortgage/rental expen			Subtract Line b fi		\$	
26	25B d Stand	Standards: housing and u loes not accurately compute ards, enter any additional ar ntion in the space below:	the allowance to which	you a	re entitled under the IRS I	lousing and Utilities		
	1 Conte						ŀ	

	The state of the s		
	Local Standards: transportation; vehicle operation/public transportation allowance in this category regardless of whether you pay the regardless of whether you use public transportation.		
27A	Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 7.		
	If you checked 0, enter on Line 27A the "Public Transportation" amo Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	e "Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$
27B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public To Standards: Transportation. (This amount is available at www.usdoj.gr court.)	you are entitled to an additional deduction for ransportation" amount from the IRS Local	\$
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owner vehicles.) 1 2 or more.	e 1. Check the number of vehicles for which ship/lease expense for more than two	
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 1, as stated in Lithe result in Line 28. Do not enter an amount less than zero.	court); enter in Line b the total of the Average	
	a. IRS Transportation Standards, Ownership Costs	\$	
	Average Monthly Payment for any debts secured by Vehicle	\s\ \	
	b. 1, as stated in Line 47 c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	
	Local Standards: transportation ownership/lease expense; Vehicle		Ψ
29	the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Lithe result in Line 29. Do not enter an amount less than zero.	court); enter in Line b the total of the Average	
	a. IRS Transportation Standards, Ownership Costs	\$	
	Average Monthly Payment for any debts secured by Vehicle	s	
	b. 2, as stated in Line 47 c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
			Ψ
30	Other Necessary Expenses: taxes. Enter the total average monthly estate, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sales	come taxes, self employment taxes, social	\$
31	Other Necessary Expenses: involuntary deductions for employme deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu	retirement contributions, union dues, and	\$
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.		\$
33	Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.	tal monthly amount that you are required to spousal or child support payments. Do not	\$
34	Other Necessary Expenses: education for employment or for a ph the total average monthly amount that you actually expend for educate education that is required for a physically or mentally challenged dep providing similar services is available.	tion that is a condition of employment and for	\$
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do		\$
36	Other Necessary Expenses: health care. Enter the total average mothealth care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts	our dependents, that is not reimbursed by f the amount entered in Line 24B. Do not	\$
L	L.A.	***	I -

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37	actually pay for telecommunicati pagers, call waiting, caller id, spo	communication services. Enter the total average monthly on services other than your basic home telephone and cell period long distance, or internet service-to the extent necessars. Do not include any amount previously deducted.	ohone service - such as
38	Total Expenses Allowed under	IRS Standards. Enter the total of Lines 24 through 37.	\$
•	S	ubpart B: Additional Living Expense Deduct	ions
		ot include any expenses that you have listed i	
	Health Insurance, Disability In the categories set out in lines a-c dependents.	below that are reasonably necessary for yourself, your spot	e monthly expenses in use, or your
39	a. Health Insurance	\$	
	b. Disability Insurance	\$	
	c. Health Savings Accour	t \$	
	Total and enter on Line 39		\$
	If you do not actually expend the below:	is total amount, state your actual total average monthly ex	spenditures in the space
40	expenses that you will continue t	care of household or family members. Enter the total average pay for the reasonable and necessary care and support of pusehold or member of your immediate family who is unabunts listed in Line 34.	an elderly, chronically
41	actually incur to maintain the saf	ce. Enter the total average reasonably necessary monthly early of your family under the Family Violence Prevention are of these expenses is required to be kept confidential by the	nd Services Act or other
42	Standards for Housing and Utilit	tal average monthly amount, in excess of the allowance spes that you actually expend for home energy costs. You mour actual expenses, and you must demonstrate that the sary.	nust provide your case
43	actually incur, not to exceed \$15 school by your dependent childred documentation of your actual e	ent children under 18. Enter the total average monthly ex 5.25 per child, for attendance at a private or public element in less than 18 years of age. You must provide your case to expenses, and you must explain why the amount claimed unted for in the IRS Standards.	ary or secondary
44	expenses exceed the combined a Standards, not to exceed 5% of t	pense. Enter the total average monthly amount by which y lowances for food and clothing (apparel and services) in the lose combined allowances. (This information is available a cy court.) You must demonstrate that the additional amount of the lose of the los	te IRS National at www.usdoj.gov/ust/
45	contributions in the form of cash	the amount reasonably necessary for you to expend each n or financial instruments to a charitable organization as def y amount in excess of 15% of your gross monthly incom	ined in 26 U.S.C. §
46	Total Additional Expanse Dedu	ctions under § 707(b). Enter the total of Lines 39 through	1 45.

	Sub	part C: Deductions for Deb	t Payment		
47	Future payments on secured claims. For own, list the name of creditor, identify the check whether the payment includes taxes scheduled as contractually due to each Se case, divided by 60. If necessary, list add Payments on Line 47.	e property securing the debt, state the s or insurance. The Average Monthly cured Creditor in the 60 months foll	e Average Monthly Payment is the to owing the filing of	Payment, and tal of all amounts the bankruptcy	
	Name of Creditor Prop	perty Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance	
	a.		\$ Total: Add Lines	□yes □no	\$
48	Other payments on secured claims. If a motor vehicle, or other property necessary your deduction 1/60th of any amount (the payments listed in Line 47, in order to ma sums in default that must be paid in order the following chart. If necessary, list additional contents of the sum of the following chart.	y for your support or the support of e "cure amount") that you must pay t aintain possession of the property. To to avoid repossession or foreclosure	ured by your prima your dependents, you he creditor in addit he cure amount wo e. List and total any	ou may include in ion to the uld include any y such amounts in	
	Name of Creditor P	roperty Securing the Debt		the Cure Amount	
	a.		\$	Total: Add Lines	\$
49	Payments on prepetition priority claim priority tax, child support and alimony cl not include current obligations, such as Chapter 13 administrative expenses. M resulting administrative expense.	aims, for which you were liable at the those set out in Line 33.	e time of your ban	kruptcy filing. Do	\$
50	issued by the Executive Office for	ct as determined under schedules or United States Trustees. (This usdoj.gov/ust/ or from the clerk of	\$ x Total: Multiply Li	ines a and b	\$
51	Total Deductions for Debt Payment. E	inter the total of Lines 47 through 50).		\$
	Sub	ppart D: Total Deductions fr	om Income	_	
52	Total of all deductions from income. E	Enter the total of Lines 38, 46, and 51			\$
	Part V. DETERMINA	TION OF DISPOSABLE I	NCOME UND	ER § 1325(b)(2)	
53	Total current monthly income. Enter the				\$
54	Support income. Enter the monthly ave payments for a dependent child, reported law, to the extent reasonably necessary to	l in Part I, that you received in accor	foster care paymen dance with applica	its, or disability ble nonbankruptcy	\$
55	Qualified retirement deductions. Enter wages as contributions for qualified retir loans from retirement plans, as specified	ement plans, as specified in § 541(b)	s withheld by your)(7) and (b) all requ	employer from uired repayments of	\$
56	Total of all deductions allowed under §	§ 707(b)(2). Enter the amount from	Line 52.		\$

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57	provide your case trustee with document of the special circumstances that make s	f there are special circumstances that justify additional expenses for which be the special circumstances and the resulting expenses in lines a-c below. The parate page. Total the expenses and enter the total in Line 57. You must provide a detailed explanation such expense necessary and reasonable.
	Nature of special circumstances	January,
	a. b.	Amount of Expense
	c.	\$
	(C.	\$
58	Total adjustments to determine disposab	ple income Add the amount of the second of t
	result.	Total: Add Lines \$ Sole income. Add the amounts on Lines 54, 55, 56, and 57 and enter the
59	Monthly Disposable Income Under § 132	\$ S(b)(2). Subtract Line 58 from Line 53 and enter the result.
		(a)(b). Subtract Line 58 from Line 53 and enter the regult
	Other Expenses. List and describe any mor	I. ADDITIONAL EXPENSE CLAIMS nthly expenses, not otherwise stated in this 6
60	Other Expenses. List and describe any more of you and your family and that you contend 707(b)(2)(A)(ii)(I). If necessary, list additional each item. Total the expenses. Expense Description	I. ADDITIONAL EXPENSE CLAIMS In the penses, not otherwise stated in this form, that are required for the health and welfare d should be an additional deduction from your current monthly income under § onal sources on a separate page. All figures should reflect your average monthly expense for
60	Other Expenses. List and describe any more of you and your family and that you content 707(b)(2)(A)(ii)(I). If necessary, list additional each item. Total the expenses. Expense Description a.	I. ADDITIONAL EXPENSE CLAIMS In the penses, not otherwise stated in this form, that are required for the health and welfare dishould be an additional deduction from your current monthly income under § onal sources on a separate page. All figures should reflect your average monthly expense for Monthly Amount
60	Other Expenses. List and describe any more of you and your family and that you contend 707(b)(2)(A)(ii)(I). If necessary, list additional each item. Total the expenses. Expense Description	I. ADDITIONAL EXPENSE CLAIMS In the penses, not otherwise stated in this form, that are required for the health and welfare dishould be an additional deduction from your current monthly income under § conal sources on a separate page. All figures should reflect your average monthly expense for Monthly Amount \$
60	Other Expenses. List and describe any more of you and your family and that you contend 707(b)(2)(A)(ii)(I). If necessary, list additional each item. Total the expenses. Expense Description a. b.	I. ADDITIONAL EXPENSE CLAIMS In the penses, not otherwise stated in this form, that are required for the health and welfare d should be an additional deduction from your current monthly income under § onal sources on a separate page. All figures should reflect your average monthly expense for Monthly Amount
60	Other Expenses. List and describe any more of you and your family and that you contend 707(b)(2)(A)(ii)(I). If necessary, list additional each item. Total the expenses. Expense Description a. b. c.	ADDITIONAL EXPENSE CLAIMS In this expenses, not otherwise stated in this form, that are required for the health and welfare d should be an additional deduction from your current monthly income under § onal sources on a separate page. All figures should reflect your average monthly expense for Monthly Amount
60	Other Expenses. List and describe any more of you and your family and that you contend 707(b)(2)(A)(ii)(I). If necessary, list additional each item. Total the expenses. Expense Description a. b. c.	ADDITIONAL EXPENSE CLAIMS In this property of the health and welfare a should be an additional deduction from your current monthly income under § and sources on a separate page. All figures should reflect your average monthly expense for \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	Other Expenses. List and describe any more of you and your family and that you contend 707(b)(2)(A)(ii)(I). If necessary, list additional each item. Total the expenses. Expense Description a. b. c. d.	T. ADDITIONAL EXPENSE CLAIMS In the person of the expense of the health and welfare a should be an additional deduction from your current monthly income under sound on a separate page. All figures should reflect your average monthly expense for Monthly Amount

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